

Case Number:	CM15-0202385		
Date Assigned:	10/19/2015	Date of Injury:	05/05/2011
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male, who sustained an industrial injury on 5-5-2011. The injured worker was being treated for posttraumatic stress disorder, major depression with psychosis, and panic disorder without agoraphobia. Medical records (3-27-2012, 6-19-2015) indicate decreased anxiety and depression. The objective findings include less anxious and dysphoric mood and thought content with occasional smiling. Per the treating physician, the injured worker denied psychotic symptoms or thoughts of harming himself. On 5-11-2015, a urine drug screen was positive for Alprazolam and Bupropion. On 8-31, 2015, a urine drug screen detected Alprazolam, but did not detect Bupropion. Treatment has included off work, Ativan, Xanax, Wellbutrin (Bupropion) since at least 3-2015. The requested treatments included Bupropion 300 mg. On 9-29-2015, the original utilization review non-certified a request for Bupropion 300 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bupropion 300 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & stress, Antidepressants for treatment of MDD (Major depressive disorder).

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not directly deal with depression and anxiety treatment as a primary modality. As per Official Disability Guidelines (ODG), depression and anxiety may require multiple treatment modalities. Patient is being treated by a psychiatrist and has been on Bupropion for at least several months. BDS-2 is consistent with depression. Recent documentation does not have Beck's depression noted but documents other objective improvement in status with less psychotic symptoms and improved mood. Medication appears to show benefit. Continued Bupropion is medically necessary.